

Association Alteration & Modification Request

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:
(NOTE: This is a two page form. Both pages must be completed & submitted)

OWNER INFORMATION

Name(s)

Community Name

Address

Phone #

Cell #

Other Phone #

Email Address

MODIFICATION REQUEST TYPE

_____ Exterior Appearance (i.e. shutters)

_____ Structure (i.e. walls)

_____ Electrical/Plumbing (change from original installation)

_____ Common Elements (i.e. enclosing lanai)

_____ Flooring (i.e. replacing carpeting with tile)

_____ Other

Explanation of Modification

You must submit a drawing for any modification and/or vendor's brochure. The drawing should include a site plan and the scale should be 1/2 inch = 1 foot. Please list sizes and materials to be used.

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CONTRACTOR INFORMATION			
Name _____			
Address _____			
City _____	State _____	Zip _____	
Phone # _____	Fax # _____		

DISCLAIMER AND SIGNATURE	
<ol style="list-style-type: none"> 1. Actual construction shall be performed by a fully insured licensed contractor. All applicable codes and regulations must be in compliance and all necessary permits will be obtained at my/our expense. 2. I/we have read all applicable sections of the Bylaws and I/we understand same. 3. All maintenance of this alteration/modification will be performed at my/our expense. 4. I/we understand that, should any legal regulatory agency require, at any time in the future, modifications to this variance, they will be done at my/our expense. 5. Any maintenance cost incurred by the Association, as a result of this variance, will be at my/our expense. 6. This alteration/modification is subject to all requirements of the Bylaws and other applicable regulations. 7. I/we understand that it is my/our responsibility to advise future assigns and of their responsibility for same. 8. All of the above information is truthful and accurate. 	
Signature _____	Date _____
Signature _____	Date _____

****NO WORK SHALL COMMENCE BEFORE RECEIVING BOARD APPROVAL****

REQUEST REQUIREMENTS

Please be aware that an incomplete request package will cause delays in processing. The following items must be included in order for Anchor Associates and the Board of Directors to proceed:

- _____ Completed Alteration & Modification Request form
- _____ Drawing and/or Vendor Brochure
- _____ Copy of Contractor's License
- _____ Copy of Contractor's Insurance

Return this request to:

c/o Anchor Associates, Inc.
 2340 Stanford Court
 Naples, Florida 34112
 (239)649-6357 phone (239)649-7495 Fax
 Admin@AnchorManagers.com



Request Approval

_____ Approved
 _____ Disapproved

Date _____
 By _____
Board Officer or Director